

ORDERING PHYSICIAN INFORMATION

Ordering Physician (full legal name)				NPI #					
Facility Name		Tempus Account #		Email (required for report delivery)		Fax			
Facility Address (Street, Unit)		City			State	Postal Code	Country		
Additional person to be copied				Form completed by					
Name		Email/Fax		Facility Name		Name		Email/Fax	Facility Name

PATIENT INFORMATION

Last Name			MI	First Name				
DOB (MM/DD/YYYY)	Medical Record #	Biological Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Unknown		Email			Phone	
Address (Street, Unit)			City			State	Postal Code	Country

BILLING INFORMATION

Primary insurance plan name		Policy #		Group#		Policy Holder Name		Policy Holder DOB	
Patient relationship to policy holder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:						Bill Type: <input type="checkbox"/> Insurance <input type="checkbox"/> Hospital/Institution <input type="checkbox"/> Self pay/International			

CURRENT CANCER DIAGNOSIS

<input type="checkbox"/> Biliary <input type="checkbox"/> Bladder <input type="checkbox"/> Breast <input type="checkbox"/> Cancer of Unknown Primary <input type="checkbox"/> Cervical <input type="checkbox"/> Central Nervous System				<input type="checkbox"/> Colorectal <input type="checkbox"/> Endometrial <input type="checkbox"/> Esophageal <input type="checkbox"/> Gastric <input type="checkbox"/> Head and Neck				<input type="checkbox"/> Heme <input type="checkbox"/> Hepatocellular <input type="checkbox"/> Melanoma <input type="checkbox"/> NSCLC <input type="checkbox"/> Ovarian				<input type="checkbox"/> Pancreatic <input type="checkbox"/> Prostate <input type="checkbox"/> Renal <input type="checkbox"/> Sarcoma <input type="checkbox"/> Thyroid <input type="checkbox"/> Other				Disease Status (select all that apply): <input type="checkbox"/> Metastatic, refractory, relapsed, or recurrent <input type="checkbox"/> Other				Stage:			
								Date of curative intent surgery (if any):								Current treatment(s) include: <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation <input type="checkbox"/> No Evidence of Disease/none <input type="checkbox"/> Immunotherapy/ICI, drug name:							
Primary ICD-10 Codes (C, D, & Z codes):												Has the patient had any type of transplant? <input type="checkbox"/> No <input type="checkbox"/> Yes; Type:											

TESTING OPTIONS

When ordering xT, Tempus will run CDx if requirements are met, and LDT otherwise.

Comprehensive Therapy Selection ¹

☐ xT (DNA), xR (RNA), and tailored testing add-ons by current cancer diagnosis

Liquid biopsy add-ons (select only one):
☐ Add xF+ concurrently
☐ Reflex to xF ²

Hereditary add-ons:
☐ Add CancerNext-Expanded^{® 3}
☒ +RNAinsight[®]

Comprehensive MRD & Disease Monitoring

☐ xM (NeXT Personal[®] Dx)
Tissue-informed MRD and disease monitoring test ³

☐ xM for MRD (Minimal Residual Disease)
Tissue-free MRD test for resectable CRC

Testing is for 12 months unless total number of draws is entered. Please enter total number of draws: _____

Recurring draw schedule:
☐ every 4 weeks ⁴ ☐ every 3 months ☐ 1 time
☐ every 6 weeks ⁴ ☐ every 6 months

Individual Test Options

SOLID TUMOR & HEME

Tumor + Normal:
☐ xT + xR (DNA + RNA)
☒ Reflex to xF ²

Tumor Only:
☐ xT + xR (DNA + RNA)

Heme:
☐ xT + xR (DNA + RNA)

☐ xT (DNA)
☒ Reflex to xF ²

☐ xT (DNA)

☐ xR (RNA)
☐ xR (RNA)

LIQUID BIOPSY

☐ xF+
☐ xF

☐ CancerNext-Expanded^{® 3}
☒ Add +RNAinsight[®]

☐ CancerNext^{® 3}
☒ Add +RNAinsight[®]

ADD-ON TESTS

TISSUE-BASED TESTS

☐ PD-L1 (22C3)
☐ PD-L1 (SP142)
☐ PD-L1 (SP263)

☐ PD-L1 (28-8)
☐ HER2 + FISH Reflex ³
☐ MMR

☐ FOLR1 ³
☐ CLDN18 ³
☐ c-MET ³

☐ MGMT ³
☐ 1p/19q ³

ALGORITHMIC TESTS (see our testing resources website for logistics)

☐ IPS
☐ HRD

☐ TO (RNA)
☐ Pur1ST[™] (RNA, Panc)

☐ DPYD
☐ UGT1A1

SPECIMEN RETRIEVAL

See Tempus' specimen guidelines for collection instructions and further details.

<input type="checkbox"/> FFPE Tissue / <input type="checkbox"/> Bone Marrow Aspirate Submitting pathologist will choose FFPE Tissue if specimen details are not provided.				
Pathology Lab (Name, City)		Specimen Collection Facility	Patient status at time of specimen collection: <input type="checkbox"/> Office/Non-Hospital <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Hospital Inpatient	
Case Number	Block #	Date of Collection / Biopsy to be scheduled for	<input type="checkbox"/> Not yet discharged OR Discharge date:	
<input type="checkbox"/> Blood / <input type="checkbox"/> Saliva / <input type="checkbox"/> Other				
<input type="checkbox"/> Mobile phlebotomy <input type="checkbox"/> Send saliva kit to patient		<input type="checkbox"/> Sample previously submitted <input type="checkbox"/> Clinic first draw, mobile phlebotomy subsequent draws (MRD Only)		Patient status at time of specimen collection: <input type="checkbox"/> Office/Non-Hospital <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Hospital Inpatient
Date of Collection:		Specimen Collection Facility:		


















PHYSICIAN SIGNATURE & CONSENT

By signing and/or submitting the order, I certify that (1) the patient has received an explanation of the purpose, risks, and benefits of the ordered test(s); (2) the ordered test(s) are medically necessary and will inform the patient's treatment plan; (3) unless otherwise set forth on this form, the patient has recurrent, relapsed, refractory, metastatic, or advanced stage III or IV cancer; and (4) the patient has provided informed consent that meets the requirements of applicable law for Tempus or its reference lab to: (a) collect and use the patient's samples (including genetic material) and health information and perform the ordered test(s); (b) obtain, receive, and release health information (including test results) as necessary for reimbursement or the processing of insurance claims; (c) retain and use samples and health information for an indefinite period of time in accordance with applicable law; and (d) de-identify such samples and information and use and share the resulting de-identified samples and information in accordance with applicable law.

In addition, I certify that if xT and xF/xF+ are ordered within 30 days of one another, the order is medically necessary because guidelines support the use of testing, turnaround time for tissue result may delay a treatment decision, the tissue is at risk to fail (e.g. small tissue, archived tissue) and I may not have a timely result to make a treatment decision; and/or genomic heterogeneity may cause available tissue to not be completely representative, and I want to make sure I have a complete mutation profile.

Included Attachments: ☐ Copy of patient's progress notes and/or medical records ☐ Copy of recent pathology report ☐ Copy of insurance card

Ordering Physician Signature:	Printed Name (full legal name):	Today's Date (MM/DD/YYYY):
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Test Name	Description	Acceptable Specimen(s)	Kit Type
xT CDx	FDA-approved 648-gene DNA sequencing test.	FFPE tissue, normal sample must be blood or saliva	Tempus Tissue  , Blood  , Saliva 
xT LDT	648-gene DNA sequencing test.	FFPE tissue, or blood (EDTA), or bone marrow aspirate (EDTA)	Tempus Tissue  , Heme 
xR	Whole transcriptome RNA sequencing test.	FFPE tissue, or blood (EDTA), or bone marrow aspirate (EDTA)	Tempus Tissue  , Heme 
xF	105-gene liquid biopsy tests for solid tumors.	Blood (Streck)	Tempus Blood 
xF+	523-gene liquid biopsy tests for solid tumors.	Blood (Streck)	Tempus Blood 
CancerNext®	40-gene hereditary cancer tests , powered by Ambry Genetics.	Blood (EDTA) or saliva	Hereditary Blood (DNA)  , Hereditary Saliva (DNA) 
CancerNext-Expanded®	77-gene hereditary cancer tests , powered by Ambry Genetics.	Blood (EDTA) or saliva	Hereditary Blood (DNA)  , Hereditary Saliva (DNA) 
+RNAinsight®	Germline RNA sequencing add-on, powered by Ambry Genetics.	Blood (PAXgene®)	Hereditary Blood (DNA+RNA) 
xM (NeXT Personal® Dx)	Tissue-informed test for monitoring cancer, test by Personalis.	Initial test requires: FFPE tissue, blood (EDTA), and blood (Streck). Subsequent tests require: blood (Streck).	Tempus Tissue  , xM (NeXT Personal® Dx) Blood 
xM	Tissue-free MRD for resectable CRC.	Blood (Streck)	Tempus xM MRD Blood 

xT CDx logistical details: For details on test requirements and reflex protocols, visit tempus.com/testing-resources.

The following fields are for CancerNext® or CancerNext-Expanded® orders ONLY. Disregard if not testing for hereditary cancers.

RELEVANT CLINICAL HISTORY (Previous cancer diagnosis, GI polyps, etc.)

FAMILY HISTORY

☐ None/No known family history

☐ Unknown

☐ Adopted

Relationship to patient	Maternal	Paternal	Age at diagnosis	Details of relevant history
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

ANCESTRY

☐ White/Caucasian

☐ Native American

☐ Middle Eastern

☐ Hispanic

☐ East Asian

☐ Ashkenazi Jewish

☐ Black/African American

☐ South Asian

☐ Other:

BONE MARROW TRANSPLANT

Personal history of allogeneic bone marrow or peripheral stem cell transplant: ☐ Yes ☐ No

Note: Using a blood or saliva sample is not appropriate for patients who have undergone an allogeneic bone marrow or peripheral stem cell transplant.

PRIOR PERSONAL OR FAMILY HISTORY OF GENETIC TESTING

☐ No personal or family history of molecular and/or genetic testing.

☐ Germline testing *

Test performed:

Results:

☐ Somatic/tumor testing *

Test performed:

Results:

Relationship to patient: ☐ Self ☐ Family member:

Microsatellite instability analysis:

☐ Stable (MSS)☐ Unstable/High (MSI-High)☐ Unstable/Low (MSI-Low)

☐ Immunohistochemical staining

Proteins present:

Proteins absent: